

1
2
3
4
5
6 UNITED STATES DISTRICT COURT
7 DISTRICT OF NEVADA

8 RANDY BLAIR DAVIS,

Case # 3:19-cv-402-MMD-WGC

9
10 Plaintiff(s),

11 vs.

12 COMMISSIONER OF SOCIAL
13 SECURITY,

14 Defendant(s).

VERIFIED PETITION FOR
PERMISSION TO PRACTICE
IN THIS CASE ONLY BY
ATTORNEY NOT ADMITTED
TO THE BAR OF THIS COURT
AND DESIGNATION OF
LOCAL COUNSEL

FILING FEE IS \$250.00

15
16 Melissa A. Palmer
(name of petitioner)

, Petitioner, respectfully represents to the Court:

17 1. That Petitioner is an attorney at law and a member of the law firm of

18 Olinsky Law Group

19 (firm name)

20 with offices at 300 S. State Street, Suite 420

(street address)

21 Syracuse

(city)

New York

(state)

13202

(zip code)

22 (315) 701-5780

(area code + telephone number)

mpalmer@windisability.com

(Email address)

23
24 2. That Petitioner has been retained personally or as a member of the law firm by

25 Randy Blair Davis

[client(s)]

to provide legal representation in connection with

26
27 the above-entitled case now pending before this Court.
28

3. That since 02/21/2013, Petitioner has been and presently is a
(date)
member in good standing of the bar of the highest Court of the State of New York
(state)
where Petitioner regularly practices law. Petitioner shall attach a certificate from the state bar or
from the clerk of the supreme court or highest admitting court of each state, territory, or insular
possession of the United States in which the applicant has been admitted to practice law certifying
the applicant's membership therein is in good standing.

4. That Petitioner was admitted to practice before the following United States District Courts, United States Circuit Courts of Appeal, the Supreme Court of the United States and Courts of other States on the dates indicated for each, and that Petitioner is presently a member in good standing of the bars of said Courts.

Court	Date Admitted	Bar Number
New York State	02/21/2013	5128178
U.S.D.C. NDNY	08/16/2017	520799
U.S.D.C. WDMI	10/10/2017	
U.S.D.C. WDNY	3/26/2018	
U.S.D.C. DCO	10/23/2018	
U.S.C.A. 2nd Cir.	03/12/2019	

5. That there are or have been no disciplinary proceedings instituted against petitioner, nor any suspension of any license, certificate or privilege to appear before any judicial, regulatory or administrative body, or any resignation or termination in order to avoid disciplinary or disbarment proceedings, except as described in detail below:

None

6. That Petitioner has never been denied admission to the State Bar of Nevada. (Give particulars if ever denied admission):

None

7. That Petitioner is a member of good standing in the following Bar Associations.

None

8. Petitioner has filed application(s) to appear as counsel under Local Rule IA 11-2 (formerly LR IA 10-2) during the past three (3) years in the following matters: (State "none" if no applications.)

Date of Application	Cause	Title of Court Administrative Body or Arbitrator	Was Application Granted or Denied
4/12/2018	Genier v. Berryhill	2:18-cv-00628-JAD-NJK	Granted
5/14/2018	Goin v. Berryhill	3:18-cv-00207-HDM-WGC	Granted
9/27/2018	Watson v. Berryhill	2:18-cv-01019-JCM-PAL	Granted
07/15/2019	Tweedy v. Berryhill	2:19-cv-00853-GMN-CWH	

(If necessary, please attach a statement of additional applications)

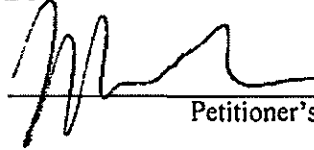
9. Petitioner consents to the jurisdiction of the courts and disciplinary boards of the State of Nevada with respect to the law of this state governing the conduct of attorneys to the same extent as a member of the State Bar of Nevada.

10. Petitioner agrees to comply with the standards of professional conduct required of the members of the bar of this court.

11. Petitioner has disclosed in writing to the client that the applicant is not admitted to practice in this jurisdiction and that the client has consented to such representation.

1 That Petitioner respectfully prays that Petitioner be admitted to practice before this Court
2 FOR THE PURPOSES OF THIS CASE ONLY.

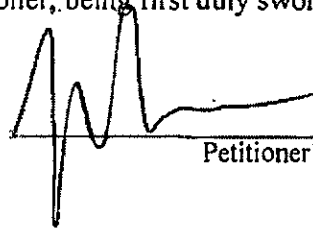
3
4 STATE OF New York)
5 COUNTY OF Onondaga)
6



Petitioner's signature

7 Melissa A. Palmer, Petitioner, being first duly sworn, deposes and says:

8 That the foregoing statements are true.



Petitioner's signature

9
10 Subscribed and sworn to before me this

11 16th day of July, 2019



Notary Public or Clerk of Court

12 **Michael P. Smith**
Notary Public, State of New York
No. 01SM6201911
13 Qualified in Madison County
My Commission Expires March 9, 2021

14
15
16 **DESIGNATION OF RESIDENT ATTORNEY ADMITTED TO**
17 **THE BAR OF THIS COURT AND CONSENT THERETO.**

18 Pursuant to the requirements of the Local Rules of Practice for this Court, the Petitioner
19 believes it to be in the best interests of the client(s) to designate Hal Taylor, Esq.
(name of local counsel)
20 Attorney at Law, member of the State of Nevada and previously admitted to practice before the
21 above-entitled Court as associate resident counsel in this action. The address and email address of
22 said designated Nevada counsel is:

23 223 Marsh Avenue
(street address)
24
25 Reno, Nevada, 89509
(city) (state) (zip code)
26 (775) 825-2223, haltaylorlawyer@gbis.com
(area code + telephone number) (Email address)
27
28

1 By this designation the petitioner and undersigned party(ies) agree that this designation constitutes
2 agreement and authorization for the designated resident admitted counsel to sign stipulations
3 binding on all of us.
4

5 **APPOINTMENT OF DESIGNATED RESIDENT NEVADA COUNSEL**

6
7 The undersigned party(ies) appoint(s) Hal Taylor as
8 (name of local counsel)
his/her/their Designated Resident Nevada Counsel in this case.

9 

10 Robert Bret Davis, Power of Attorney
11 (party's signature)

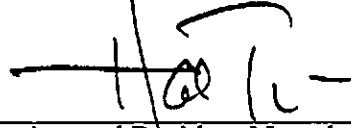
12 Randy Blair Davis, Plaintiff
13 (type or print party name, title)

14 (party's signature)

15 (type or print party name, title)

16
17 **CONSENT OF DESIGNEE**

18 The undersigned hereby consents to serve as associate resident Nevada counsel in this case.

19 

20 Designated Resident Nevada Counsel's signature

21 4399

Bar number

haltaylorlawyer@gbis.com

Email address

22
23 APPROVED:

24 Dated: this 17th day of July, 2019.

25 

26 UNITED STATES DISTRICT JUDGE
27
28

**SUPREME COURT OF
THE STATE OF NEW YORK
APPELLATE DIVISION, FOURTH DEPARTMENT
ROCHESTER, NEW YORK**

I, ALAN L. ROSS, Deputy Clerk of the Appellate Division of the Supreme Court in the Fourth Judicial Department, State of New York, do hereby certify that

Melissa Ann Palmer

*was duly admitted to practice as an attorney and counselor at law in all courts of this state by this Court on **February 21, 2013**, and appears in good standing upon the roll of attorneys and counselors, and other records, in this office and has registered with the administrative office of the Courts as required by Judiciary Law §468-a.*

IN WITNESS WHEREOF, I have
hereunto set my hand and affixed the
seal of this Court, at the City of
Rochester, May 21, 2019



Deputy Clerk of the Court

1. DESIGNATION OF AGENT.

I, RANDY BLAIR DAVIS

(insert your name) do hereby designate and appoint:

Name: ROBERT BRET DAVIS

Address: 2645 Sonoma Street
Pocatello, Idaho 83201

Telephone Number: 208-241-6170

as my agent to make decisions for me and in my name, place and stead and for my use and benefit and to exercise the powers as authorized in this document.

2. DESIGNATION OF ALTERNATE AGENT.

(You are not required to designate any alternative agent but you may do so. Any alternative agent you designate will be able to make the same decisions as the agent designated above in the event that he or she is unable or unwilling to act as your agent. Also, if the agent designated in paragraph 1 is your spouse, his or her designation as your agent is automatically revoked by law if your marriage is dissolved.)

If my agent is unable or unwilling to act for me, then I designate the following person(s) to serve as my agent as authorized in this document, such person(s) to serve in the order listed below:

A. First Alternative Agent

Name: NONE

Telephone Number:

3. OTHER POWERS OF ATTORNEY.

This Power of Attorney is intended to, and does, revoke any prior Power of Attorney for financial matters I have previously executed.

4. NOMINATION OF GUARDIAN.

If, after execution of this Power of Attorney, incompetency proceedings are initiated either for my estate or my person, I hereby nominate as my guardian or conservator for consideration by the court my agent herein named, in the order named.

5. GRANT OF GENERAL AUTHORITY.

I grant my agent and any successor agent(s) general authority to act for me with respect to the following subjects:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

[.....] Real Property

[.....] Tangible Personal Property

[.....] Stocks and Bonds

[.....] Commodities and Options

[.....] Banks and Other Financial Institutions

[.....] Safe Deposit Boxes

[.....] Operation of Entity or Business

[.....] Insurance and Annuities

[.....] Estates, Trusts and Other Beneficial Interests

[.....] Legal Affairs, Claims and Litigation

[.....] Personal Maintenance

[.....] Benefits from Governmental Programs or Civil or Military Service

[.....] Retirement Plans

[.....] Taxes

[*LL*] All Preceding Subjects

6. GRANT OF SPECIFIC AUTHORITY.

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:

(CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

[.....] Create, amend, revoke or terminate an inter vivos, family, living, irrevocable or revocable trust

[.....] Make a gift, subject to the limitations of NRS and any special instructions in this Power of Attorney

[.....] Create or change rights of survivorship

[.....] Create or change a beneficiary designation

[.....] Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan

[.....] Exercise fiduciary powers that the principal has authority to delegate

[.....] Disclaim or refuse an interest in property, including a power of appointment

7. LIMITATION ON AGENT'S AUTHORITY.

An agent that is not my spouse MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

8. SPECIAL INSTRUCTIONS OR OTHER OR ADDITIONAL AUTHORITY GRANTED TO AGENT:

9. DURABILITY AND EFFECTIVE DATE. (INITIAL the clause(s) that applies.)

BB DURABLE. This Power of Attorney shall not be affected by my subsequent disability or incapacity.

[.....] SPRINGING POWER. It is my intention and direction that my designated agent, and any person or entity that my designated agent may transact business with on my behalf, may rely on a written medical opinion issued by a licensed medical doctor stating that I am disabled or incapacitated, and incapable of managing my affairs, and that said medical

opinion shall establish whether or not I am under a disability for the purpose of establishing the authority of my designated agent to act in accordance with this Power of Attorney.

[~~PBD~~] I wish to have this Power of Attorney become effective on the following date:
MARCH 23 RD, 2016.

[.....] I wish to have this Power of Attorney end on the following date: _____

10. THIRD PARTY PROTECTION.

Third parties may rely upon the validity of this Power of Attorney or a copy and the representations of my agent as to all matters relating to any power granted to my agent, and no person or agency who relies upon the representation of my agent, or the authority granted by my agent, shall incur any liability to me or my estate as a result of permitting my agent to exercise any power unless a third party knows or has reason to know this Power of Attorney has terminated or is invalid.

11. RELEASE OF INFORMATION.

I agree to, authorize and allow full release of information, by any government agency, business, creditor or third party who may have information pertaining to my assets or income, to my agent named herein.

12. SIGNATURE AND ACKNOWLEDGMENT. YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY. THIS POWER OF ATTORNEY WILL NOT BE VALID UNLESS IT IS ACKNOWLEDGED BEFORE A NOTARY PUBLIC.

I sign my name to this Power of Attorney on MARCH 23 RD, 2016 (date)
at Ely (city), Nevada (state)

(Signature)

Randy Blair Davis
RANDY BLAIR DAVIS

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

(You may use acknowledgment before a notary public instead of the statement of witnesses.)

State of Nevada }
 } ss.
County of White Pine }

On this 23 day of March in the year 2016, before me,
Patti H. Christensen (here insert name of notary public) personally
appeared RANDY BLAIR DAVIS (here insert name of principal) personally known to me
(or proved to me on the basis of satisfactory evidence) to be the person whose name is
subscribed to this instrument, and acknowledged that he or she executed it. I declare under
penalty of perjury that the person whose name is ascribed to this instrument appears to be of
sound mind and under no duress, fraud or undue influence.

NOTARY SEAL

Patti H. Christensen
(Signature of Notary Public)



IMPORTANT INFORMATION FOR AGENT

1. Agent's Duties. When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must:

(a) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;

(b) Act in good faith;

(c) Do nothing beyond the authority granted in this Power of Attorney; and

(d) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

(Principal's Name) by (Your Signature) as Agent

2. Unless the Special Instructions in this Power of Attorney state otherwise, you must also:

- (a) Act loyally for the principal's benefit;
- (b) Avoid conflicts that would impair your ability to act in the principal's best interest;
- (c) Act with care, competence, and diligence;
- (d) Keep a record of all receipts, disbursements and transactions made on behalf of the principal;
- (e) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
- (f) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

3. Termination of Agent's Authority. You must stop acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include:

- (a) Death of the principal;
- (b) The principal's revocation of the Power of Attorney or your authority;
- (c) The occurrence of a termination event stated in the Power of Attorney;
- (d) The purpose of the Power of Attorney is fully accomplished; or
- (e) If you are married to the principal, your marriage is dissolved.

4. Liability of Agent. The meaning of the authority granted to you is defined in NRS 162A.200 to 162A.660, inclusive. If you violate NRS 162A.200 to 162A.660, inclusive, or act outside the authority granted in this Power of Attorney, you may be liable for any damages caused by your violation.

5. If there is anything about this document or your duties that you do not understand, you should seek legal advice.